

## Permit No.

*Office of Registrar of Vital Statistics.*

Ward

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE

17

Date of Death,

July 31<sup>st</sup>

*Full Name of Deceased,* { Write legibly and spell  
correctly. If an Infant  
not named, give names  
of parents.

Conrad Wolf

Sex, Male or ~~Female~~, { Cross out the word not }  
 { required in this line. }

Age, 1 Years, 1 Months, 9 Days.

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not  
required in this line. }

Occupation, .....

*Birth Place,* { State or country, and how  
long in the United States,  
if of foreign birth.

*Duration of Residence in the City of Baltimore,*

Place of Death, { Give Street and }  
Number. } No 1011 Greene Court

Cause of Death, { First (Primary),  
Second (Immediate), *Tetanus*

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, ~~St. Ignace Cemetery~~ ~~St. James~~ Holy Redeemer

Date of Burial, *Aug 2*

Undertaker, B. Harle Medical Attendant, M. D.

Place of Business, 115 West 41st Address, 511 Hudson St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

A 192

Office of Registrar of Vital Statistics.

Ward

17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 31<sup>st</sup> 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents.

Annie Louisa Jenkins

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line.

Age,

38 Years,

Months,

Days.

Color,

White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~,

{ Cross out the words not required in this line.

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth.

Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number.

422 Thechase St

Cause of Death,

{ First (Primary),

Second (Immediate),

Typho-malarial Fever  
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial,

Mt Olive Cemetery

Date of Burial,

Aug 1

Undertaker,

B. Earle

Robert S. Rowe M. D.

Medical Attendant.

Place of Business,

115 West St

Address,

1019 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No.

A. 1922

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, Aug 1, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charley Conley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, 2 Months, \_\_\_\_\_ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 523 Gravel ally

Cause of Death, { First, (Primary.) Marasmus }  
{ Second, (Immediate.) }

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Aug - 2nd 1887 Arthur Appins, M.D.,  
Medical Attendant.

{ Undertaker, Wm Weaver }

{ Place of Business, 738 N. Eutaw Address, 311 N. Charles }

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

1923

Office of Registrar of Vital Statistics.

Ward

20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Aug 1, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Atlas

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

18 Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Hair

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Lancaster Co Va

Duration of Residence in the City of Baltimore,

1 year

Place of Death,

{ Give Street and Number. }

# 1355 Stockton St

Cause of Death,

{ First (Primary), }

Heart Mitral Regurg

{ Second (Immediate), }

Exhaustion

Duration of Last Sickness,

12 days

All the above information should be furnished by the Physician.

Place of Burial,

Lancaster Co Va

Date of Burial,

Aug 3 - 1887

{ Undertaker,

J. C. Hughes & Co

{ Place of Business,

1408 Penn Ave

Address,

Wm. L. Huck

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Undertaker, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

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[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1924 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Aug 1<sup>st</sup> 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Iresa.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, — Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincents Infant. Asylum

Cause of Death, { First (Primary), Second (Immediate), } Marasmus & Deutition -  
Exhaustion

Duration of Last Sickness, 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, New South Cemetery

Date of Burial, Aug. 2. 1887

Undertaker, John Bannan F. J. Flannery M. D.

Medical Attendant.

Place of Business, Division St. Address, 1701 St. Hill ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

1925

Office of Registrar of Vital Statistics.

Ward

9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, *within twenty-four hours* after the death of said deceased, *or sooner* if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Aug. 2d. 1925

Full Name of Deceased,

Write legibly and spell correctly. If an infant not named, give names of parents.

Mary Wanner

Sex, ~~Male~~ or Female,

Cross out the word not required in this line.

Female

Age,

Years,

Months,

22

Days.

Color,

White,

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Single

Occupation,

None

Birth Place, State or country, and how long in the United States, if of foreign birth.

223 N. Frederick St. Balt.

Duration of Residence in the City of Baltimore,

Life time

Place of Death, Give Street and Number.

223 N. Frederick St.

Cause of Death,

First (Primary),  
Second (Immediate),

Cholera Infantum

Duration of Last Sickness,

Six days,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial,

Aug 3d

L. F. Ankrim M. D.

Medical Attendant.

Undertaker, Geo Schilling

Place of Business, Ashland Square

Address, 807 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1926 Office of Registrar of Vital Statistics. Ward 194

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Saturday, July 30, 1887

Full Name of Deceased, Mary Evans  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female  
{ Cross out the word not required in this line. }

Age, 15 Years, 8 Months, 28 Days.

Color, Mulatto

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, House Girl

Birth Place, long in the United States  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 10 W

Place of Death, 19 W Vincent alley  
{ Give Street and Number. }

Cause of Death, Acute General Tuberculosis  
{ First (Primary), Second (Immediate), Exhaustion }

Duration of Last Sickness, Above one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Avenue

Date of Burial, Aug 2<sup>nd</sup> 1887

Undertaker, W. H. Gange

Place of Business, 150 East St Address, 726 W Lexington

W. H. Gange M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

1927

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Aug 1, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Virginia Whitford

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 22 Years, 3 Months, Days.

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 121 S Carrollton ave

Cause of Death, { First (Primary), Second (Immediate), } Consumption of lungs

Duration of Last Sickness, 16 months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Aug 3/87

{ Undertaker, J. W. Cook } James Boalby M. D. Medical Attendant.

{ Place of Business, 1003 W Baltimore } Address, 1701 S Hollin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

1928 Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death,

July 31, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Thomas Dowdner

Sex, Male or Female,

{ Cross out the word not required in this line. }

Age,

39 Years,

Months,

White

Days.

Married, Single, Widowed or Widower,

{ Cross out the words not required in this line. }

Occupation,

Labourer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

26 years

Place of Death,

{ Give Street and Number. }

428 E. Stricker St

Cause of Death,

{ First (Primary), Second (Immediate), }

Inflammation of Brain

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial,

St Peters Cem

Date of Burial,

Aug 3/87

Undertaker,

J. B. Cook

James Bosley M. D.

Medical Attendant.

Place of Business,

1003 W. Baltimore

Address, 1701 Hollin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm.1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

Office of Registrar of Vital Statistics.

Ward

13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death, August 1st 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Clayton Watterston Myers.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 8 Years, 8 Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, nil

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since.

Place of Death, { Give Street and Number. } 657 Raborg St.

Cause of Death, { First (Primary), Second (Immediate), } Cholera Infantum.  
Exhaustion.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Aug 2/87

{ Undertaker, J. B. Cook W. W. Jones M. D.

Medical Attendant.

{ Place of Business, 1003 W. Balto Address, 224 Elliott St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]